STEPPING INTO THE FUTURE

NEWFOUNDLAND & LABRADOR'S EARLY CHILDHOOD DEVELOPMENT INITIATIVE

ANNUAL REPORT 2002-2003

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

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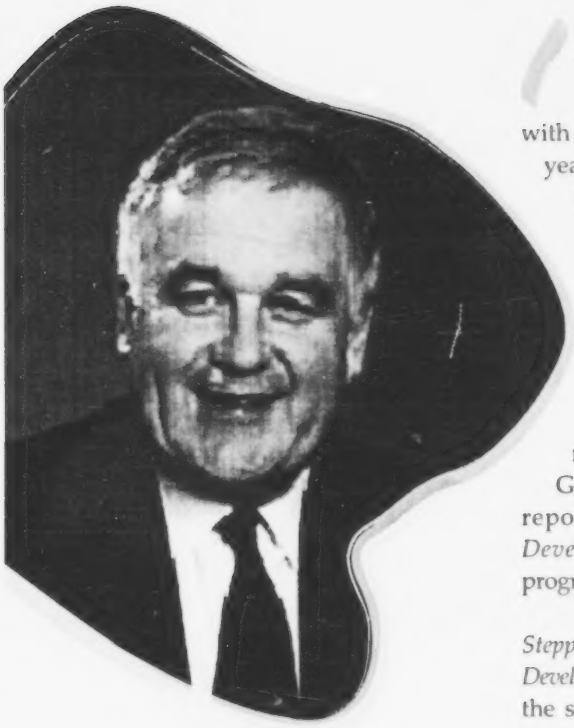
EARLY CHILDHOOD DEVELOPMENT INITIATIVE

Foreword



It is my pleasure to present the 2003 annual report on Newfoundland and Labrador's Early Childhood Development Initiative - *Stepping into the Future.* This report provides the public with program and expenditure information on the initiative's second year of operation. The report also provides baseline information on the implementation of early learning and child care services in the province, as well as data on a selection of child well-being indicators.

On June 18, 2001, the province of Newfoundland and Labrador launched *Stepping into the Future: Newfoundland and Labrador s Early Childhood Development Initiative.* The initiative is in response to the *Early Childhood Development* agreement reached between provincial and territorial governments and the Government of Canada on September 11, 2000. This 2003 annual report reflects our ongoing commitment to the *Early Childhood Development* agreement and to the importance of strengthening programs and services for young children, their families and communities.

Stepping into the Future: Newfoundland and Labrador s Early Childhood Development Initiative is an important long-term initiative that emphasizes the significance of the early years of life. Along with our provincial partners, the departments of Education and Human Resources, Labour and Employment, I would like to take this opportunity to congratulate and thank the many parents, individuals, organizations and service providers who contribute to, and continue to support the advancement of early childhood development programs and services in this province.

OUR ONGOING COMMITMENT TO THE EARLY CHILDHOOD DEVELOPMENT AGREEMENT AND TO THE IMPORTANCE OF STRENGTHENING PROGRAMS AND SERVICES FOR YOUNG CHILDREN, THEIR FAMILIES AND COMMUNITIES.

John Ottenheimer
Minister of Health & Community Services

105-05444/

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INTRODUCTION

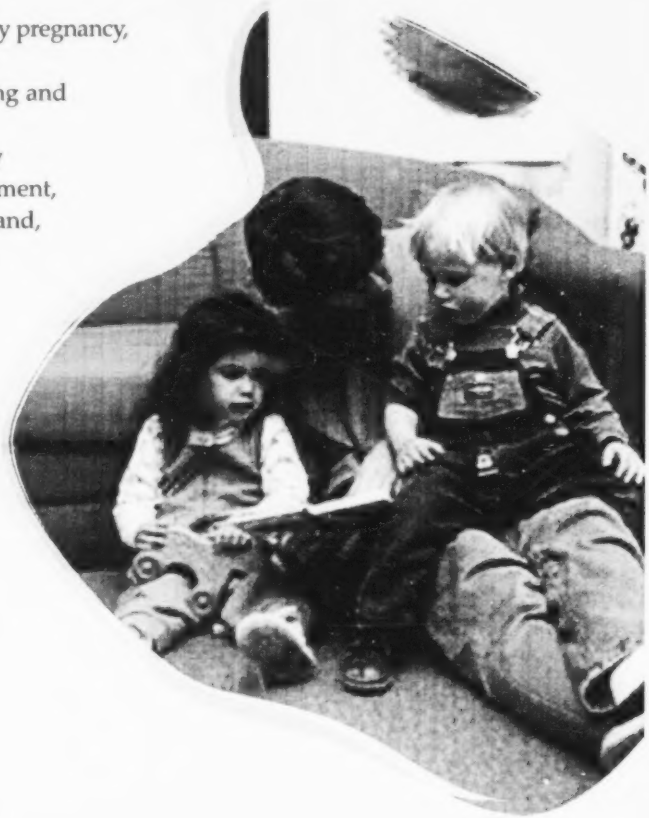
The Government of Newfoundland and Labrador understands that supporting the development of young children is an important contribution to a healthy society. *Stepping into the Future: Newfoundland and Labrador s Early Childhood Development Initiative,* launched on June 18, 2001, is one of several initiatives in Newfoundland and Labrador that emphasizes the significance of the eariy years and acknowledges the invaluable role that parents and communities play in supporting a healthy start in life for children.

The Early Childhood Development (ECD) initiative is a long-term agreement between provincial and territorial governments and the Government of Canada (Appendix I). It involves the transfer of incremental and predictable federal funding to the provinces and territories to improve and expand early childhood development programs and services. The Newfoundland and Labrador portion of the allocation over a five-year period is approximately $36 million.

The ECD initiative emphasizes the prenatal to age six period. The focus on the early years of a child's life recognizes the significance of the growth and development that occurs during these years and the important contribution this period provides to life-long health and learning. Under the agreement, four areas of action are emphasized, including:

- promotion of healthy pregnancy, birth and infancy;
- improving parenting and family support;
- strengthening early childhood development, learning and care; and,
- strengthening community supports.

EMPHASIZES THE SIGNIFICANCE OF THE EARLY YEARS AND ACKNOWLEDGES THE INVALUABLE ROLE THAT PARENTS AND COMMUNITIES PLAY



INTRODUCTION

MANY ACCOMPLISHMENTS HAVE BEEN REALIZED OVER THE COURSE OF IMPLEMENTING THE ECD IN NEWFOUNDLAND AND LABRADOR.

Stepping into the Future: Newfoundland and Labrador s Early Childhood Development Initiative is an important step to further invest in young children, families and communities. As this latest annual report illustrates, many accomplishments have been realized over the course of implementing the ECD in Newfoundland and Labrador.

This second ECD annual report accomplishes three overall objectives:

- provides an update of the ECD funded programs and services and a summary of related expenditures from April 1, 2002 to March 31, 2003,
- includes information on several outcomes that highlight the health and well-being of young children in Newfoundland and Labrador; and
- provides baseline information of licensed/regulated child care services available in the province in 2002 - 03, including program description, statistics and expenditure data.

SECTION I

PROGRESS OF PROGRAMS AND SERVICES

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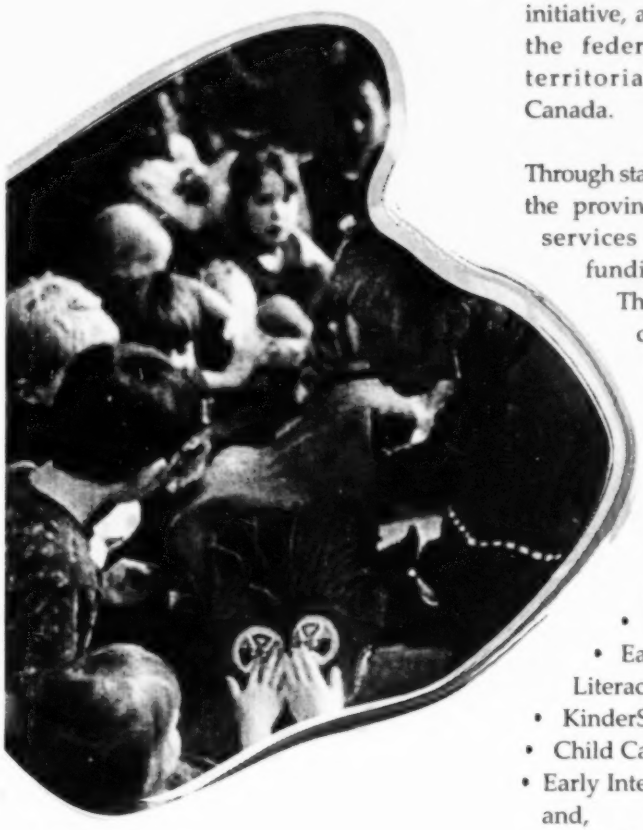
FUNDING FOR THIS INITIATIVE WAS MADE AVAILABLE THROUGH THE EARLY CHILDHOOD DEVELOPMENT (ECD) INITIATIVE



On June 18, 2001, the Government of Newfoundland and Labrador announced *Stepping into the Future: Newfoundland and Labrador s Early Childhood Development Initiative.* The funding for this initiative was made available through the Early Childhood Development (ECD) initiative, an agreement between the federal, provincial and territorial governments of Canada.

Through stakeholder consultations, the province identified priority services and programs for funding under the ECD. The program and service components of this long-term initiative for Newfoundland and Labrador include:

- Mother Baby Nutrition Supplement;
- Healthy Baby Clubs;
- Early Childhood Literacy Programs;
- KinderStart Program;
- Child Care Services;
- Early Intervention Services; and,
- Family Resource Programs.

A progress report on the implementation of the above components is the focus of this section of the report.

Promotion of Healthy Pregnancy, Birth And Infancy

Mother Baby Nutrition Supplement

The Mother Baby Nutrition Supplement (MBNS) is a $45 monthly benefit payable to all eligible low-income pregnant women and families with children under the age of one residing in the province. The MBNS replaced and expanded on the Mother Baby Food Allowance previously available only to women and families receiving social assistance.

This benefit provides financial support to assist with the additional nutritional costs of healthy eating during pregnancy and throughout a child's first year of life. Through referrals to community health nurses and family resource programs, the MBNS also enhances access to information and community support for pre- and postnatal care. Eligibility for the benefit is income tested using the maximum income threshold for the Newfoundland and Labrador Child Benefit (NLCB), which is currently at $22,397 per year.

The MBNS was initiated in the province in December of 2001. The program supported approximately 1,775 families per month in 2002 - 03; an increase of approximately 25 new cases per month since the first year of operation.

Other program activities undertaken in 2002 - 03 include:

- design and distribution of educational materials for applicants regarding healthy lifestyle and nutrition;
- provincial distribution of program brochures, posters and advertising;
- establishing linkages with related community service providers, information exchange on programs and services available for families;
- increased referrals to public health nurses and Healthy Baby Clubs; and,
- provision of information on federally administered child benefits.

Healthy Baby Clubs

Healthy Baby Clubs are offered through community-based family resource programs that actively promote and support healthy lifestyles to women during and after pregnancy. The objective of the program is to have a positive impact on the development of the baby, as well as to increase support and knowledge for the mother. Public health nurses and regional nutritionists provide professional support to the programs.

Healthy Baby Clubs provide:

- peer support;
- information and skills training relating to healthy pregnancy, birth, and parenting;
- breast-feeding support;
- food supplements; and,
- supportive environments for pregnant women and families with newborns.

In 2002 - 03, the Department of Health and Community Services provided ECD and provincial funding to seven family resource programs to deliver Healthy Baby Clubs. This funding supported the operation of Healthy Baby Clubs in 26 community sites, an increase of ten sites from 2001 - 02. As a result, the number of families receiving support through this program increased from 211 in 2001 - 02, to 277 in 2002 - 03.

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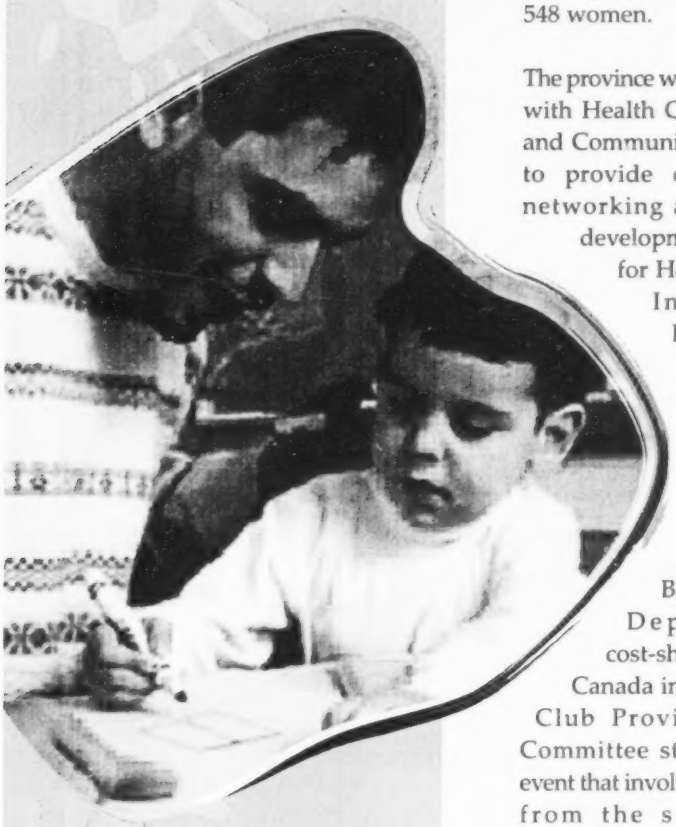
Early Intervention Services

Early Intervention Services are offered to families of infants and preschool aged children who display delayed development, or are at risk for delayed development. Early intervention services are home based with a focus on child outcomes.



The ECD and provincial funding builds on other funding sources available for Healthy Baby Clubs in the province. A significant source of support for Healthy Baby Clubs is Health Canada's *Canadian Prenatal Nutrition Program* (CPNP). In 2002 - 03, the CPNP funded nine Healthy Baby Club projects which supported 548 women.

The province works in collaboration with Health Canada and Health and Community Services regions to provide ongoing support, networking and professional development opportunities for Healthy Baby Clubs. In 2002 - 03, the Department of Health and Community Services funded monthly tele-conferences for resource mothers in the Healthy Baby Clubs. The Department also cost-shared with Health Canada in the Healthy Baby Club Provincial Advisory Committee strategic planning event that involved representatives from the six Health and Community Services regions in the province.

Improving Parenting And Family Support

Early Intervention Services

Early Intervention Services are offered to families of infants and preschool aged children who display delayed development, or are at risk for delayed development. Early intervention services are home-based with a focus on child outcomes. The four major goals of these services are:

- to enhance families' knowledge in the area of their child's strengths and needs as it relates to their child's developmental disability and/or diagnosis;
- to provide information on the availability and utilization of community resources;
- to strengthen parental skills in various areas, including advocacy, skill development, appropriate and effective discipline, and applied behaviour analysis; and,
- to work in partnership with families so each child can reach his or her full potential in all developmental areas.

In 2002 - 03, ECD funding enabled the province to improve and expand early intervention services. The funding continues to support seven new Child

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Management Specialist positions with Health and Community Services regions; one Psychologist position at the Janeway Child Health Care Centre; and one Provincial Consultant position. Funding has also supported the purchase of valuable resources (e.g. toys, books and equipment) which has significantly aided in the programming for children in their homes. In 2002 - 03, a total of 646 children received early intervention services as compared to a total of 512 children in 2001 - 02.

In Newfoundland and Labrador, the early intervention component of the ECD initiative has had a specific focus on increasing supports and services to children with autistic spectrum disorder (ASD). The number of children who have received home-based intensive intervention services increased from 34 in 2001 - 02, to 107 in 2002 - 03.

Support for community partnership projects in 2002 - 03, such as a public workshop on behavioral/ pharmacological interventions for persons with ASD, has raised public awareness and provided valuable information to families. Funding has also enabled the province to support training and certification of local professionals in discrete trial teaching and applied behaviour analysis; an important component of the home-based intervention services offered to pre-school aged children with ASD. Sixteen professionals have obtained certification and another twenty-five are engaged in training leading to certification. As a result, every region in the province now has the capacity to deliver intensive early intervention to preschool aged children with ASD.

Strengthening Early Childhood Development, Learning And Care

Early Childhood Literacy Programs

Each year, eligible organizations submit funding proposals to the Strategic Literacy Funding Committee for review and consideration. This committee is chaired by the Literacy Branch of the Department of Education. In 2002 - 03, early childhood literacy grants totalling approximately $256,666 were provided to 44 non-profit, community-based organizations; these grants provided literacy programs for

KinderStart Program

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children up to six-years of age and their families. A listing of these grants can be found at http://www.gov.nf.ca/edu/early/literacygrants.htm. This is a substantial increase over the 24 grants provided in 2001 - 02 which assisted 6900 children. Because of this funding, final reports received from the 2001 - 02 funded programs have indicated that these programs had a beneficial impact. For example, some schools have indicated that the number of children entering school who require interventions is decreasing.

A review and assessment of existing early childhood/family literacy programs was also completed during 2002 - 03. During 2003 - 04, a working committee will be established to look at the recommendations in this report and further refine the strategic directions for future program funding in early literacy.

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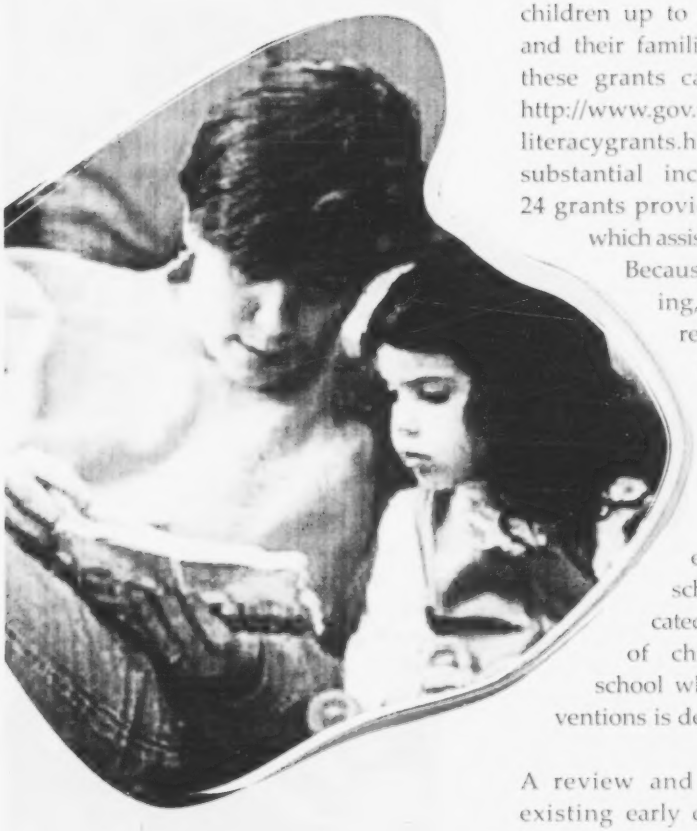
KinderStart consists of eight in-school sessions and accompanying information for principals, parents/caregivers and teachers. An activity bag of supplies and resources is provided for each parent/caregiver and child, and additional resources are provided for each *KinderStart* classroom. The Department of Education has also supplied each school district with funding to offset the costs related to the implementation of this program.

The school districts throughout the province began implementation of *KinderStart* in 2002 - 03 with reports due from each district by summer 2003. Early feedback has been very positive. Approximately 5,600 children and their parents/caregivers participated in the *KinderStart* program in 2002 - 03. A copy of the program guide and description of resources can be found at htttp://www.gov.nl.ca/edu/literacy/kinderstart/main.htm .



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Child Care Services

The monitoring and support of Child Care Services are the responsibility of the Department of Health and Community Services. Several enhancements to the child care services system have been implemented and maintained due to the availability of ECD funding. These include:

- increased funding to allow more children of low income families access to regulated child care
- provision of an Educational Supplement for qualified early childhood educators working in child care centres
- provision of annual equipment grants to regulated family child care providers; and
- increased regional resource capacity to support the administration of child care services

The intent of the Child Care Services Subsidy Program is to make regulated child care accessible and affordable to low income families. Families who meet the financial eligibility criteria and who require child care services are eligible to receive some or all of the costs of their child care and, where necessary, transportation. Health and Community Services regions are responsible for the administration of the program. In March 2003, 1,373 children were supported by the Child Care Subsidy Program, in comparison to 1,210 in March 2002 and 1,038 in March 2001.

An Educational Supplement is provided to early childhood educators who are working in child care centres and who have a one or two year early childhood education qualification from a provincially recognized training program. The funding amount increased in 2002 - 03. For those with a one year college certificate the per annum increased from $1,040 to $1,560 and for those with a two year diploma from $2,080 to $3,120. The number of people receiving this funding rose slightly from 320 in 2001 - 02, to 325 in 2002 - 03.

In 2002 - 03, an evaluation of the Educational Supplement was conducted. The evaluation found that 73 per cent of those working in child care centres felt that the Educational Supplement would keep them in the field; while 60 per cent felt it would encourage them to upgrade their qualifications. Most

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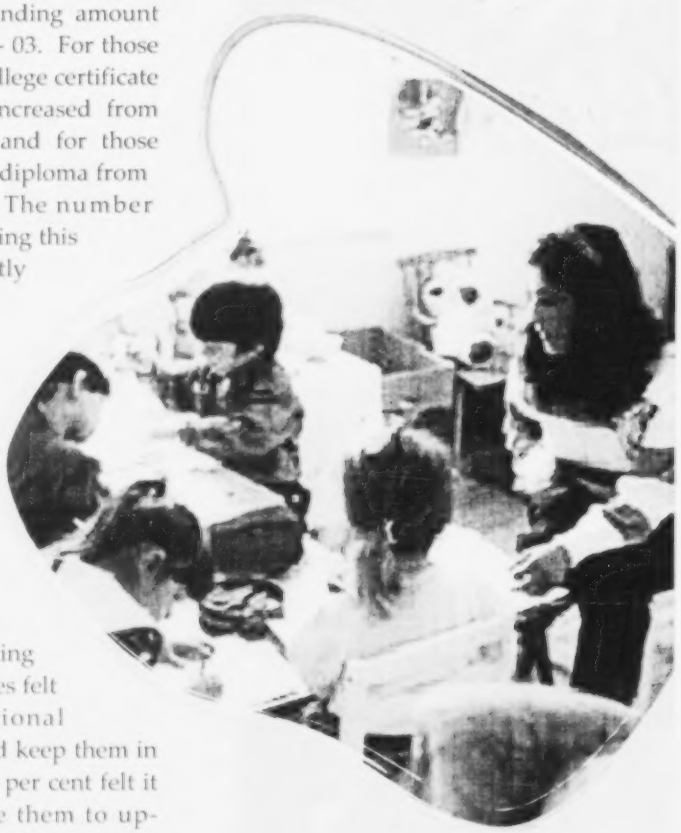

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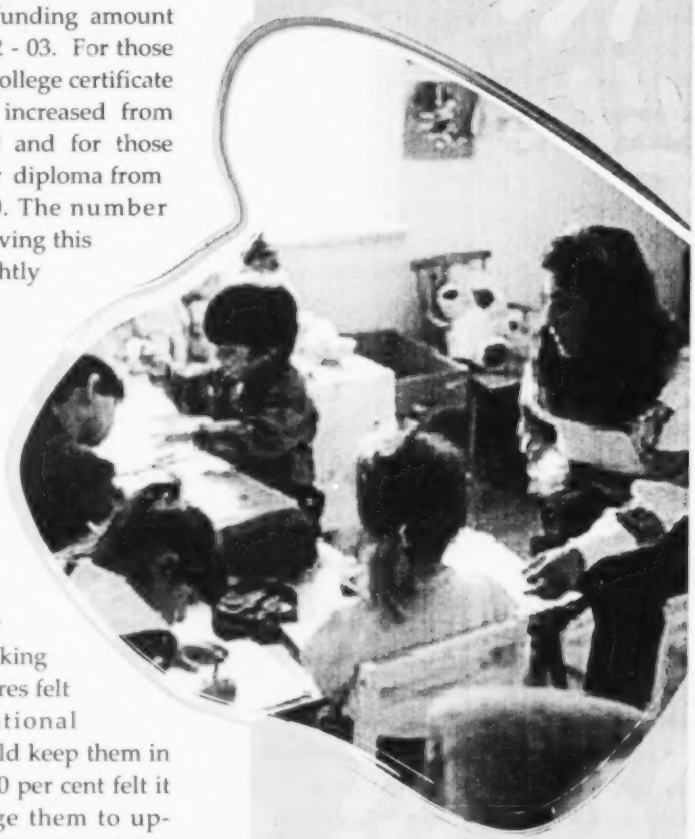

staff were satisfied with their working conditions, while only one third were satisfied with their pay levels. It was also found that 80 per cent of centres have difficulty recruiting staff; some centres have very little turnover of staff; while others have a very high rate of staff turnover.

Equipment grants are provided annually to regulated family child care providers to assist in the purchase of quality play materials which support the development of children. Regulated family child care is a relatively new model of child care in this province and is considered regulated if the home holds a family child care licence or if it is approved by a licensed family child care agency. In 2002 - 03 there were 29 regulated providers who received an equipment grant and it is anticipated that the number of regulated homes will increase as this new model of child care becomes familiar to the public.

The funding in 2002 - 03 continued to support additional human resources with Health and Community Services regions. Several new positions are supported through ECD funds to monitor and support licensees and to administer the Child Care Services Subsidy Program.

Strengthening Community Supports

Family Resource Programs

Family resource programs promote the well-being of children and families through the implementation of a variety of community-based programs emphasizing healthy child development, parenting skills, social support and community capacity building. In Newfoundland and Labrador, family resource programs are providing services to numerous communities and assisting in supporting parenting and early childhood development.

Core funding for family resource programs is primarily from federal and provincial government sources. Health Canada's *Community Action Program for Children* (CAPC), *Aboriginal Head Start Program*, and the Department of National Defence are three significant sources of federal funding. Ongoing provincial funding, initiated in

the spring of 1999 through the Department of Health and Community Services, supports eight programs in the province. ECD contributes funding to six new programs, and enhancements to five existing family resource programs.

In 2002 - 03, the eight provincially funded family resource programs provided support to 2,217 families (2,344 parents/caregivers and 3,008 children). These families were located in more than 143 communities, with the majority being rural communities.

Program statistics for the ECD funded programs vary for 2002 - 03 depending on the category of funding (enhancement verses new). Of the five programs receiving enhancements, three began the implementation of services in the Fall 2002. These programs provided support to 239 families (239 parents/caregivers and 274 children) in twelve communities. The two remaining enhancement sites focussed on the completion of their developmental activities that involved community mapping initiatives and the design of services. Programming with these two sites will begin during 2003-04.

The six new ECD funded family resource programs continued to strengthen the developmental processes which were initiated in 2001 - 02. The primary focus of these programs was the completion of site location design, board and policy development, service needs assessments and the design of programs. During 2002 - 03, two of the new projects began implementing programs, and provided services to 214 families (224 parents/caregivers and 234 children) representing 19 communities. As the ECD projects continue to strengthen themselves as organizations within their communities, it is expected their capacity to support families in 2003 - 04 will dramatically increase.

In addition to direct support to projects, during 2002 - 03 the Department of Health and Community Services funded regularly scheduled teleconferences for coordinators and staff of family resource programs; supported two teleconferences for the Provincial Association of Family Resource Programs; funded and organized two training events for the new ECD funded projects; cost-shared with Health Canada two regional

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professional development training events for all family resource programs in the province; and supported a provincial consultant position for family resource programs.

In 2002 - 03, the Department of Health and Community Services also supported a provincial committee for family resource programs consisting of provincial and regional Health and Community Services representatives. This committee provides support to provincially funded family resource programs by offering program support to projects and linkages to the regional Health and Community service system.

Expenditures

The following table provides baseline provincial expenditures from 2000 - 01 with further investments made during 2001 - 02 and 2002 - 03. From the $16.5 million invested in 2002 - 03, the Federal Government through the Canada Health and Social Transfer provided $6.6 million for Newfoundland and Labrador's Early Childhood Development initiative.

Service/Program	Expenditures		
	Baseline 2000-2001	Fiscal Year 2001-2002	Fiscal Year 2002-2003
Mother Baby Nutrition Supplement	N/A	$882,000	$990,000
Mother Baby Food Allowance	$780,000	N/A	
Healthy Baby Clubs/ Family Resource Programs	$1,200,000	$2,233,239	$2,304,771
Early Childhood Literacy Programs	$79,615	$192,310	$266,366
KinderStart	N/A	$192,254	$198,856
Early Intervention Services *	$1,638,385	$2,576,404	$3,829,334
Child Care Services **	$7,226,800	$8,769,030	$8,711,614
Administration ***	N/A	$193,674	$238,554
TOTAL	$10,924,800	$15,038,911	$16,539,495

Notes

N/A (Not Applicable) - the service/ program was either not available or became a new initiative after the fiscal year 2000-2001

* Early Intervention Services - expenditures reported for all fiscal years include an estimated amount for baseline human resources.

** Child Care Services - expenditures reported for all fiscal years include an estimated amount for baseline human resources.

*** Administration - includes expenditures for human resources, travel, communication, professional, and purchased services.

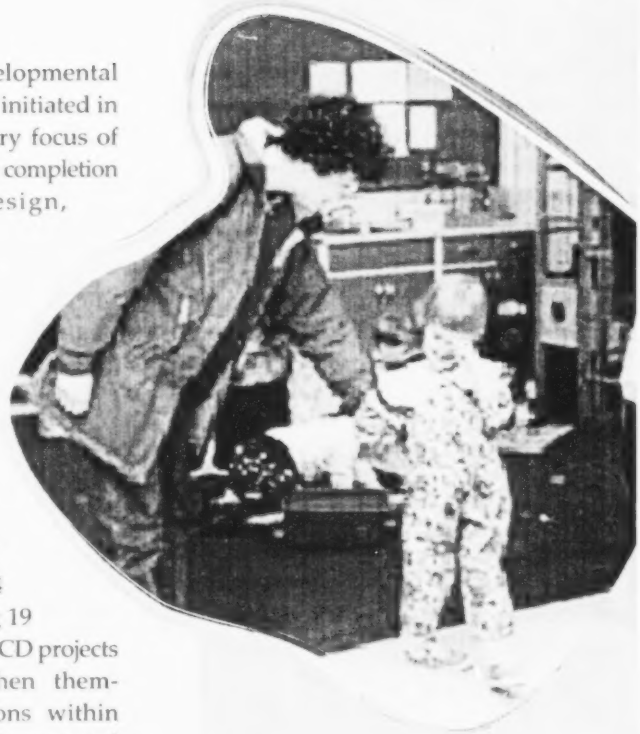
the spring of 1999 through the Department of Health and Community Services, supports eight programs in the province. ECD contributes funding to six new programs, and enhancements to five existing family resource programs.

In 2002 - 03, the eight provincially funded family resource programs provided support to 2,217 families (2,344 parents/caregivers and 3,008 children). These families were located in more than 143 communities, with the majority being rural communities.

Program statistics for the ECD funded programs vary for 2002 - 03 depending on the category of funding (enhancement verses new). Of the five programs receiving enhancements, three began the implementation of services in the Fall 2002. These programs provided support to 239 families (239 parents/caregivers and 274 children) in twelve communities. The two remaining enhancement sites focussed on the completion of their developmental activities that involved community mapping initiatives and the design of services. Programming with these two sites will begin during 2003-04.

The six new ECD funded family resource programs continued to strengthen the developmental processes which were initiated in 2001 - 02. The primary focus of these programs was the completion of site location design, board and policy development, service needs assessments and the design of programs. During 2002 - 03, two of the new projects began implementing programs, and provided services to 214 families (224 parents/caregivers and 234 children) representing 19 communities. As the ECD projects continue to strengthen themselves as organizations within their communities, it is expected their capacity to support families in 2003 - 04 will dramatically increase.

In addition to direct support to projects, during 2002 - 03 the Department of Health and Community Services funded regularly scheduled teleconferences for coordinators and staff of family resource programs; supported two teleconferences for the Provincial Association of Family Resource Programs; funded and organized two training events for the new ECD funded projects; cost-shared with Health Canada two regional



Family Resource Programs

Family resource programs promote the well-being of children and families through the implementation of a variety of community-based programs emphasizing healthy child development, parenting skills, social support and community capacity building. In Newfoundland and Labrador, family resource programs are providing services to numerous communities and assisting in supporting parenting and early childhood development.

professional development training events for all family resource programs in the province; and supported a provincial consultant position for family resource programs.

In 2002 - 03, the Department of Health and Community Services also supported a provincial committee for family resource programs consisting of provincial and regional Health and Community Services representatives. This committee provides support to provincially funded family resource programs by offering program support to projects and linkages to the regional Health and Community service system.

Expenditures

The following table provides baseline provincial expenditures from 2000 - 01 with further investments made during 2001 - 02 and 2002 - 03. From the $16.5 million invested in 2002 - 03, the Federal Government through the Canada Health and Social Transfer provided $6.6 million for Newfoundland and Labrador's Early Childhood Development initiative.

Service/Program	Expenditures		
	Baseline 2000-2001	Fiscal Year 2001-2002	Fiscal Year 2002-2003
Mother Baby Nutrition Supplement	N/A	$882,000	$990,000
Mother Baby Food Allowance	$780,000	N/A	
Healthy Baby Clubs/ Family Resource Programs	$1,200,000	$2,233,239	$2,304,771
Early Childhood Literacy Programs	$79,615	$192,310	$266,366
KinderStart	N/A	$192,254	$198,856
Early Intervention Services *	$1,638,385	$2,576,404	$3,829,334
Child Care Services **	$7,226,800	$8,769,030	$8,711,614
Administration ***	N/A	$193,674	$238,554
TOTAL	**$10,924,800**	**$15,038,911**	**$16,539,495**

Notes

N/A (Not Applicable) - the service/ program was either not available or became a new initiative after the fiscal year 2000-2001

* Early Intervention Services - expenditures reported for all fiscal years include an estimated amount for baseline human resources.

** Child Care Services - expenditures reported for all fiscal years include an estimated amount for baseline human resources.

*** Administration - includes expenditures for human resources, travel, communication, professional, and purchased services.

SECTION II

INDICATORS OF CHILD WELL-BEING

SECTION II INDICATORS OF CHILD WELL-BEING

PHYSICAL HEALTH AND MOTOR DEVELOPMENT
- Healthy Birth weight
- Incidence of Meningococcal Group C Disease
- Incidence of Measles
- Incidence of Haemophilus Influenzae-b (Hib) Disease
- Infant Mortality Rate
- Motor and Social Development

EMOTIONAL HEALTH
- Emotional Problem-Anxiety
- Hyperactivity-Inattention
- Physical Aggression-Conduct Problem

SOCIAL KNOWLEDGE AND COMPETENCE
- *N* Personal-Social Behaviour

COGNITIVE LEARNING AND LANGUAGE COMMUNICATION
- Language Skills

PHYSICAL HEALTH AND MOTOR DEVELOPMENT
- *N* Pre-term Birth Rate
- *N* Breast-feeding Initiation (Provincial)

FAMILY-RELATED INDICATORS
- Parental Education
- Level of Income
- Parental Health - Tobacco Use during Pregnancy
- *N* Parental Health - Parental Depression
- Positive Parenting
- *N* Family Functioning
- Reading by Adult

COMMUNITY-RELATED INDICATORS
- Neighbourhood Cohesion
- *N* Neighbourhood Safety

SAFETY & SECURITY INDICATORS
- *N* Injury Hospitalization Rate

N = New Indicator

This section provides information on the well-being of children from birth to five years of age in Newfoundland and Labrador for the years 1998 - 99 and 2000 - 01. This is the second report on Early Childhood Development indicators and the number of indicators has increased since the last report. National data is also provided for selected indicators for comparison purposes.

Provincial and federal governments in Canada have identified a common set of indicators of early childhood development, as well as a set of optional indicators. The indicators presented address five domains of child well-being: physical and motor development, emotional health, social knowledge and competence, cognitive learning, and language communication. This report will address all indicators identified on the left.

It is important to recognize that it is difficult to assess the overall development of children based on these selected indicators alone. The indicators presented here are only a sample of the possible measures of children s well-being. This report highlights individual indicators, and therefore does not provide a comprehensive overview of child well-being.

Demographics

The 2001 Census Data indicate that there were 30,305 children within the province under the age of six in 2001. This represents approximately six per cent of the total population of the Province at the time of the census. The literature has identified the early years for a child as a time of crucial importance for their developmental outcome, which is the focus of this report.

1. PHYSICAL HEALTH

The health and well-being of young children is influenced by the interaction of the child's social, physical and economic environment. This section provides an overview of indicators that influence a child's physical health. These include birth-weight, immunization and infant mortality. As well, a new indicator, pre-term birthrate is highlighted in this section.

A. Healthy Birth weight[1]

A healthy birth weight for babies is between 2,500 grams (5.5 pounds) and 4,000[2] grams (8.8 pounds). Babies born outside this range are at increased risk for various health problems and disabilities. In 2000, 77.1 per cent of live births in the Province were of healthy birth weight. The Canadian rate of healthy birthweight in the same year was 80.6 per cent.

In Newfoundland and Labrador, the Family Resource Programs and Healthy Baby Clubs along with health care providers help to support pregnant women to have a healthy birth outcome.

(i) Low Birth weight Rate

Definition: The percentage of live births with a weight less than 2,500 grams

Low birth weight babies may be born pre-term, small for gestational age or both. Low birth weight infants are at increased risk for various health and behavioural problems throughout their lifetime. Many factors contribute to low birthweight, including nutrition, social support, lifestyle, mother's age and health. The incidence of low birth weight for the Province increased marginally from 5.1 per cent of infants in 1999 to 5.4 per cent in 2000.

(ii) High Birth weight Rate

Definition: The percentage of live births with a weight greater than 4,000 grams

High birth weight is generally considered birth weight above 4,000 grams (8.8 pounds). Infants who weigh more than 4,000 grams at birth are more likely to experience difficult birth and health problems. High birthweight may also be associated with maternal health problems. There was a small increase in Newfoundland and Labrador of 0.8 per cent from 1999 to 2000 in the number of infants born with a high birth weight. In 2000, 17.5 per cent of children in the Province were born with a high birth weight compared to 13.8 per cent for Canada.

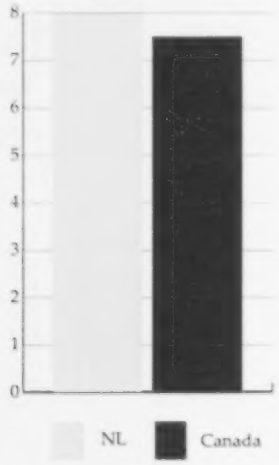
Source: Canadian Vital Statistics-Birth Database

Percentage Distribution of Birth weight for Newfoundland & Labrador, 2000

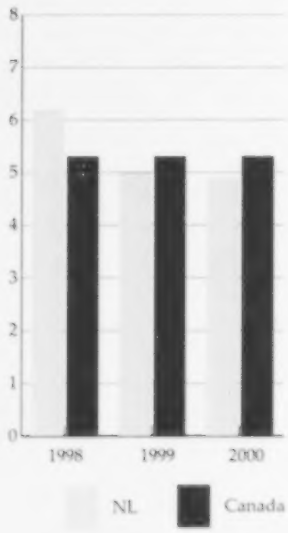
[1] Excludes births with unknown birth weight and births to non-Canadian residents.

[2] It is important to note for comparative purposes, that some literature identifies 4,500 grams as the upper limit for healthy birth weight.

Percentage of Live Birth with Gestational Age Less Than 37 weeks, 2000



Infant Mortality Rate (per 1,000 live births), 1998/1999/2000



B. Pre-term Birth Rate

Definition: The percentage of live births with a gestational age at birth of less than 37 completed weeks (less than 259 days)

Pre-term birth[3] is a contributing factor of infant mortality and morbidity. Pre-term infants encounter health problems particularly related to low birth weight and respiratory problems. However, there is no one direct cause associated with pre-term birth. Lifestyle and medical factors may place some women at an increased risk. The graph on the left shows that Newfoundland and Labrador has a slightly higher pre-term birthrate when compared to the national rate.

C. Immunization

Definition: The rate of new cases of disease reported by year for children five years of age and younger (four years and younger for Hib)

Immunization programs are responsible for the sharp decline or eradication of many childhood diseases. There were no reported cases of meningococcal group C disease[4], measles and haemophilus influenzae-b (invasive) disease (Hib) in Newfoundland and Labrador for 2000 or 2001. The majority (98 per cent) of Newfoundland and Labrador children have been fully immunized against measles and Hib by the time they enter school. This is a good indication of the success of the Province's immunization program.

Source: Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control, PPHB, Health Canada

D. Infant Mortality[5]

Definition: The number of infants who die in the first year of life per 1,000 live births

Infant mortality rate is an important indicator of the health status of a population. The infant mortality rate for Newfoundland and Labrador decreased from 1998 to 2000. In 1998, the rate was 6.2 per 1,000 live births and in 2000 it had decreased to 4.9. The Canadian rate has remained unchanged at 5.3 for the same time period.

Source: Canadian Vital Statistics- Mortality, Summary List of Causes

[3] Excludes births with unknown gestational age and gestational age less than 20 weeks, births to non-Canadian residents

[4] Data for Meningococcal Group C Disease are based on laboratory confirmed cases and are provisional for 2000 and 2001 and subject to change

[5] Excludes births to non-Canadian residents

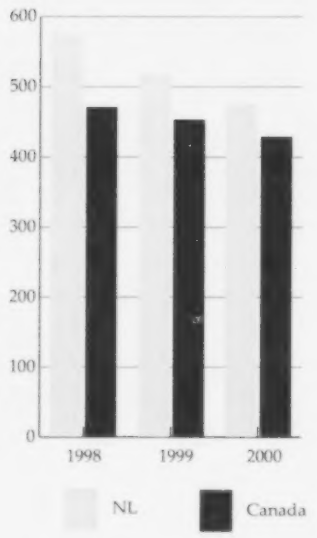
E. Injury Hospitalization Rate[6]

Definition: The proportion of children (per 100,000 population) aged birth to five years who are hospitalized for treatment of injuries

Many childhood injuries result in hospitalization. Statistics Canada reports that for every death associated with an injury, there are approximately 40 hospitalizations and 670 emergency room visits. As well, evidence suggests that boys are hospitalized more often and suffer more severe injuries (death) than girls. From 1998 to 2000 there was a decrease in the hospitalization rate due to injuries in both Newfoundland and Labrador and Canada. The graph on the right indicates that the Province saw a sharper decline in this rate.

Source: CIHI Hospital Morbidity Database

Rate of Children (birth to five years) Hospitalized Due to an Injury, 1998/1999/2000



F. Breast-feeding

(i) Initiation

Definition: The proportion of mothers that initiated breast-feeding

It is well documented that breast-feeding is the optimal feeding method. Breast milk provides the best nutrition and has been associated with reduced risk of sudden infant death syndrome (SIDS), respiratory, ear and gastrointestinal infections. In Newfoundland and Labrador, the Neonatal Screening Tests showed that the breast-feeding rate was 55.8 per cent in 2002. This compares to approximately 65 per cent for the Atlantic Region.

2. EARLY DEVELOPMENT

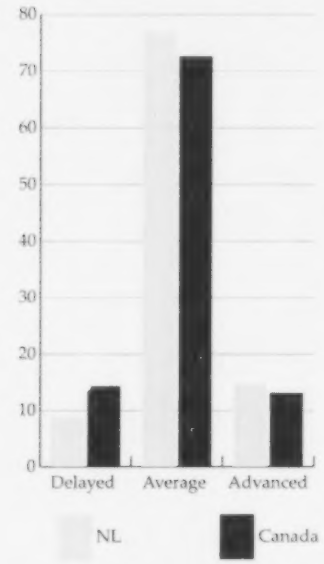
During the early childhood years, a foundation essential for growth and learning is developed. The indicators presented in this section provide a summary of information about several areas of development including motor and social development, emotional health, social knowledge and competence and language skills.

A. Motor and Social Development (MSD)

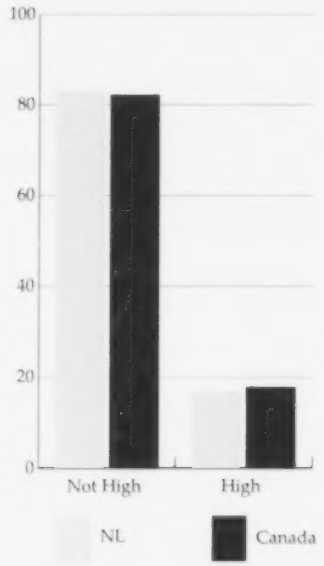
Definition: The proportion of children aged birth to three years who have delayed, average, and advanced levels of motor and social development

[6] For the Province this includes unintentional injuries (falls, hot objects/scald, MVTC, natural/environmental, poisoning and suffocation) and intentional injuries (self0inflicted and assault injuries) and other intents (legal interventions/war and undermined hospitalization injuries)

Percentage of Children by Level of Motor and Social Development,2000/01 (children aged birth to three years)



Percentage of Children by Level of Emotional Problems/Anxiety, 2000/01



Physical development for a child includes their overall physical health and the development of fine and gross motor skills. Social development involves how the child interacts with other children and how they express their feelings. As measured in the NLSCY for 2000 - 01, 91.2 per cent of children within the Province had motor and social development skills that were considered average or advanced. This was up slightly from 1998 - 99. Canada had a higher percentage of children (14.3 per cent) who were classified as having delayed motor and social development than the Province (8.8 per cent) in 2000 - 01.

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Cycle 4 (2000/01), Master File, Parents Questionnaire

B. Emotional Health[7]

A child's emotional health involves the way that he or she thinks, feels, behaves, experiences things, and relates to the rest of the world. A child's emotional health can be positively influenced in a warm, accepting home where guidance is consistent and positive parenting is provided. The NLSCY measured well-being using the Emotional-Problem Anxiety Score, the Hyperactivity-Inattention Score, and the Physical Aggression Score.

(i) Emotional Problem-Anxiety Score

Definition: The proportion of children aged two to five years who exhibit high levels of emotional and/or anxiety problems

This indicator represents the proportion of children who exhibit emotional and/or anxiety problems, as reported by the child's parent or guardian. In 2000 - 01, the percentage of children who displayed behaviours consistent with a high level of emotional problems and anxiety increased from 10.4 per cent (1998 - 99) to 16.8 per cent for the Province. Canada also saw an increase from 13.8 per cent (1998 - 99) to 17.8 per cent (2000 - 01). Despite the increase, the vast majority of children in Newfoundland and Labrador did not display a high level of emotional and/or anxiety problems.

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Cycle 4 (2000/01), Master File, Parents Questionnaire

[7] Excludes children aged 0-1 years; children living in the Territories, on reserve, or in institutions

ii) Hyperactivity - Inattention Score

Definition: The proportion of children aged two to five years who exhibit high levels of hyperactivity and/or inattention

Parents were asked several questions to help determine if certain behaviours were present or absent in their child's behaviour. Some behaviours that were addressed included a child's attention span for games and other activities, ability to pay attention and sit still for a period of time and if they were fidgety or restless. There was a reduction from 1998 - 99 to 2000 - 01 for the number of children who demonstrate high levels of hyperactivity and/or inattention.

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) & Cycle 4 (2000/01), Master File, Parents Questionnaire

(iii) Physical Aggression/ Conduct Problems

Definition: The proportion of children aged two to five years who exhibit high levels of physical aggression, opposition and/or conduct disorder as reported by parents

Physical aggression behaviours were measured by the parents reporting behaviour such as temper tantrums, hitting, and bullying. In 2000 - 01, fewer children in Newfoundland and Labrador demonstrated high aggression in comparison to that reported in 1998 - 99. A similar trend was seen for Canada.

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Cycle 4 (2000/01), Master File, Parents Questionnaire

C. Social Knowledge and Competence

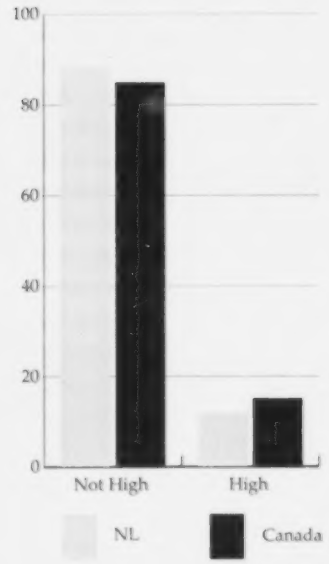
Social knowledge and competence for a child involves the child's interaction with others and their surrounding environment. The following indicator personal-social behaviour was presented in last years report as pro-social behaviour.

*(i) Personal-Social Behaviour**

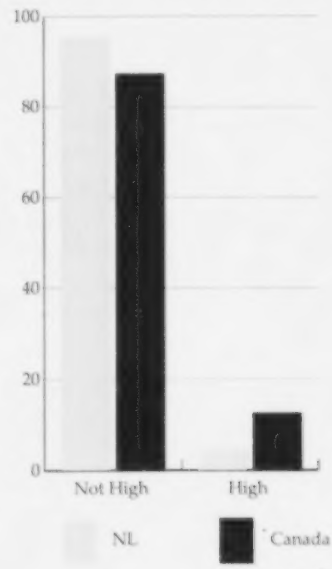
Definition: The proportion of children aged birth to three years who do not exhibit age appropriate personal-social behaviours

Personal-social behaviour is influenced by a child's personality and temperament.

Percentage of Children by Level of Hyperactivity/Inattention, 2000/01 (children aged two to five years)



Percentage of Children by Level of Physical Aggression/Conduct Problems, 2000/01 (children aged two to five years)

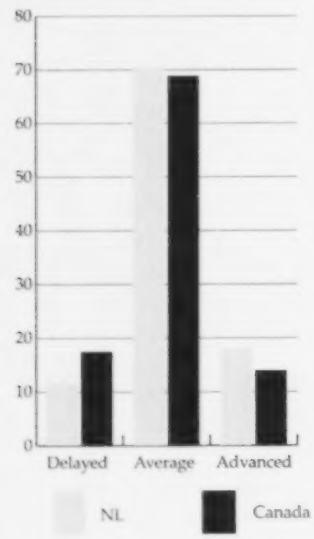


* Excludes children 4-5 years; children living in the Territories, on reserve, or in institutions

Temperament is the way a child interacts with their surrounding environment, such as with other people, places and things. As was measured by NLSCY in Newfoundland and Labrador the majority (84.5 per cent) of children demonstrated age appropriate personal-social behaviour. This was comparable to Canada which reported 84 per cent.

Source: National Longitudinal Survey of Children and Youth, Cycle 4 (2000/01), Master File, Parents Questionnaire

Percentage of Children by Level of Receptive/Hearing Vocabulary, 2000/01



D. Language Skills

*(i) Standard Score for PPVT-R (Peabody Picture and Vocabulary Test - Revised)**

Definition: The proportion of children aged four to five years who have delayed, average or advanced levels of receptive or hearing vocabulary

As measured by the PPVT, the majority of children (88.5 per cent) within the province in 2000 - 01 displayed an average or advanced level of skill on the PPVT-R. The percentage for Canada was 82.7 per cent for the same year. The number of children who demonstrate delayed language skills was 11.5 per cent for Newfoundland and Labrador and 17.4 per cent for Canada in 2000 - 01. From 1998 - 99 to 2000 - 01 Newfoundland and Labrador and Canada have seen an increase in the percentage of children displaying advanced PPVT skills.

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Cycle 4 (2000/01), Master File, Parents Questionnaire

3. FAMILY-RELATED INDICATORS

Parental education and level of income are family related indicators that can influence a child's development. The value that a parent places on their child's education and level of academic achievement is also linked to the level of education that the parent has attained. Income can affect a child's development in several ways including their physical, mental, social and academic development.

A. Parental Education

Definition: The highest level of education attained by mother and father of children aged birth to five years

Data suggests that in Newfoundland and Labrador

* Data for 1998 - 99 and 2000 - 01 excludes children aged 0-3 year and children aged 4-5 years for whom the PMK did not provide consent for the PPVT-R to be administered, children living in the Territories, on reserve, or in institutions

from 1998 - 99 to 2000 - 01 there was an increase in the number of parents who attained a university/ college level of education. During the same time, there were fewer mothers and fathers attaining a level less than secondary. An improved level of parental education is predictive of better child outcomes in health and development.

Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) and Cycle 4 (2000/01), Master File, Parents Questionnaire

B. Level of Income[10]

Definition: The proportion of children aged birth to five years living below the pre-tax low-income cut-off (LICO) and the post-tax low-income cut-off (LICO)

According to the Canadian Council on Social Development report "The Progress of Canada's Children" (2002), approximately 19 per cent of Canadian children lived in poverty in 1998. A result of a Human Resources and Development Canada investigation shows that over 30 per cent of children live in families with low income at one time in their life. Living on a low income often means families can not afford the additional necessities of everyday life for their children, such as access to health care, quality child care, schooling, recreational and cultural opportunities. Children living in low income families often have fewer opportunities to succeed in life. In 2001 there was a decline in the percentage of children living in low income families in the Province and Canada.

Source: Survey of Labour and Income Dynamics: Reference years 2000 -2001; data based on provinces only.

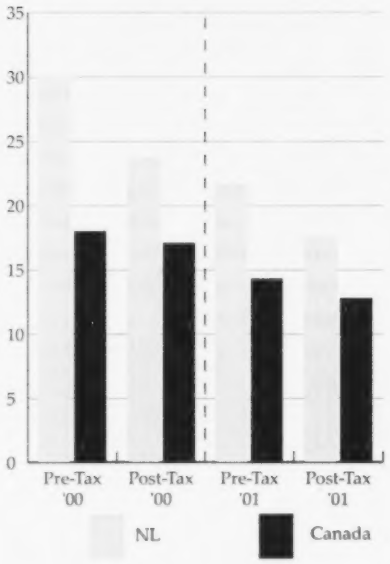
C. Parental Health

(i) Smoking During Pregnancy

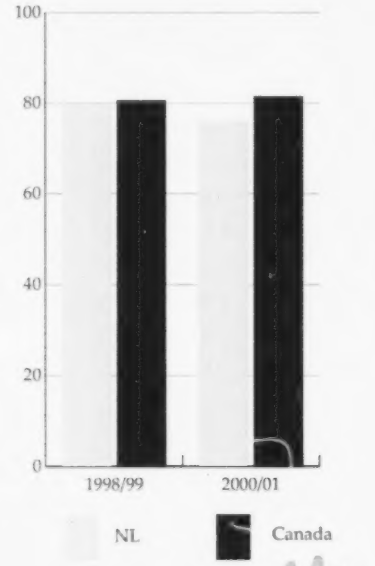
Definition: The proportion of children aged birth to one year whose mother smoked during her pregnancy with the child

Maternal smoking during pregnancy has been associated with a number of effects for the infant, most notably low birth weight. Smoking in pregnancy can also be associated with other lifestyle factors including stress, nutrition and weight gain, which collectively impact on the pregnancy outcome. There is a slight

Percentage of Children Living Below Low Income Cut-Off (LICO) Rate, 2000 and 2001 (children aged birth to five years)



Percentage of Children whose Mother Did Not Smoke during Pregnancy, 1998/99 & 2000/01 (children aged two to five years)



[10] The pre-tax LICO is set according to the proportion of annual pre-tax income (total income including government transfers before the deduction of income taxes) spent on basic needs (food, clothing and shelter). A household hat spends 20 per cent more on basic needs than the average family is considered to be living below the low-income cut-off. The LICO is adjusted for location and family size. The post-tax LICO is set according to the proportion of annual post-tax income (total income including government transfers after the deduction of income taxes) spent on basic needs. A household hat spends 20 per cent more on basic needs than the average family is considered to be living below the low-income cut-off. The LICO is adjusted for location and family size.

increase of 3.7 per cent of women who reported smoking during pregnancy in this province over the preceding year. This may be influenced by better reporting and acknowledgement by women of their smoking behaviour. This provides increased opportunity for women to access programs and services.

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) & Cycle 4 (2000/01), Master File, Parents Questionnaire

(ii) Parental Depression[11, 12]

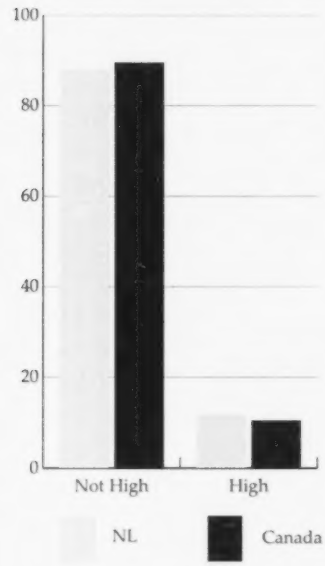
Definition: The proportion of children aged birth to five years whose PMK exhibits high symptoms of depression

Depression among parents not only affects those individuals but other family members as well. Children who grow up in a home with a parent experiencing depression are at greater risk later in their development.

The NLSCY measured how often and the types of symptoms that may have been experienced by parents about the child. In 2000 - 01, there were 88.1 per cent of parents who did not report depressive symptoms. This rate is slightly higher (89.5 per cent) for Canada.

Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) & Cycle 4 (2000/01), Master File, Parents Questionnaire

Percentage of Parents Who Experienced Depressive Symptoms, 2000/01 (children aged birth to five years)



D. Reading by Adult[13]

Definition: Distribution of children aged birth to five years by how often an adult reads to the child or listens to the child read

Reading to children helps stimulate essential and continued brain development. It helps to expand their imagination and their understanding of the world. Reading also provides the opportunity for parents to spend quality time with their children. In 2000 - 01 the vast majority of parents in the Province read to their children daily and the rates increased from 1998 - 99[14].

Source: National Longitudinal Survey of Children and Youth, Cycle 4 (2000/01), Master File, Parents Questionnaire

[11] Does not represent those who have been clinically diagnosed with depression
[12] Excludes children living in the Territories, on reserve, or in institutions
[13] Excludes children living in the Territories, on reserve, or in institutions
[14] 1998-99 data considered children two to five years of age

E. Positive Parenting

(i) Positive Interaction

Definition: The proportion of children aged birth to five years whose parents exhibit low positive interaction with the child

Positive parenting includes teaching children socially and culturally acceptable behaviours and helps to develop love, trust, and respect between parent and child. Positive parenting has been associated with child pro-social behaviour and the development of a strong and lasting relationship between parent and child. In 2000 - 01, 91.8 per cent of parents in the Province indicated they experienced positive interaction with their children. The provincial rate did not change from 1998 - 99.

Source: National Longitudinal Survey of Children and Youth, Cycle 3 (1998/99) & Cycle 4 (2000/01), Master File, Parents Questionnaire

F. Family Functioning[15, 16]

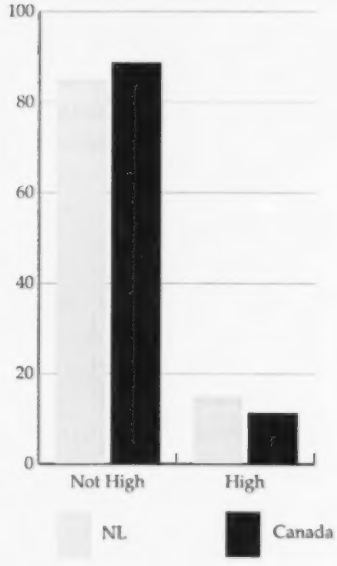
Definition: The proportion of children aged birth to five years in families with high levels of dysfunction

The family is the primary support for healthy development of children. Positive family functioning benefits the child by helping to ensure that the child will develop social relationships, appropriate behaviours and become a responsible adult. This can be achieved when the family has good communication, respect, trust, support and shared responsibility.

This indicator is a measurement of family function or dysfunction based on problem solving skills, communication, involvement in each others lives, the roles of family members and behaviour control. The majority of families in Newfoundland and Labrador (85.1 per cent) and in Canada (88.7 per cent) are living in homes that are functioning well.

Source: National Longitudinal Survey of Children and Youth, Cycle 4 (2000/01), Master File, Parents Questionnaire

Percentage of Families with High Level of Dysfunction, 2000/01 (children aged birth to five years)



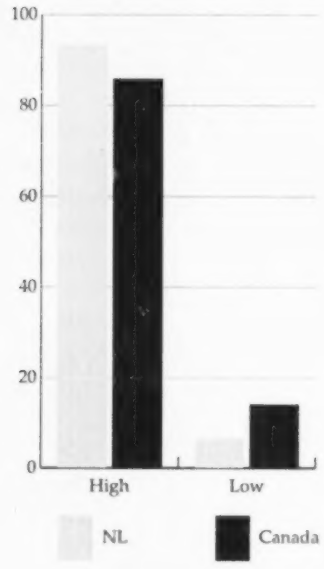
4. COMMUNITY-RELATED INDICATORS

Community and societal factors can affect child development from a very early age. Children in supportive communities tend to have higher levels of well-being, as they may have access to services and live in safe environments.

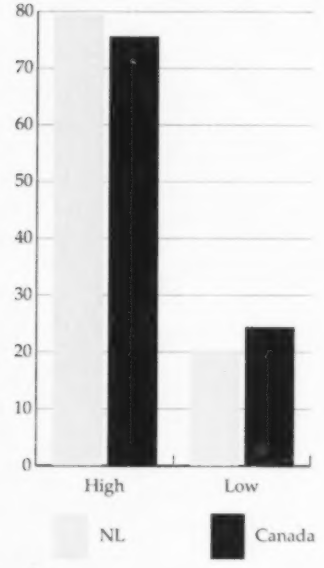
[*] Excludes children living in Territories, on reserve, or in institutions

[*] The scale used for family functioning does not represent a clinical diagnosis

Percentage of Children by Neighbourhood Cohesion Score, 2000/01 (children aged birth to five years)



Percentage of Children by Neighbourhood Safety Score, 2000/01 (children aged birth to five years)



A. Neighbourhood Satisfaction, Safety and Cohesion

Indicators presented here illustrate cohesion and safety of neighbourhoods children are living in as judged by the person most knowledgeable about the child, usually a parent.

(i) Neighbourhood Cohesion

Definition: The proportion of children aged birth to five years living in neighbourhoods with low neighbourhood cohesion, as judged by the person most knowledgeable (PMK) about the child

Neighbourhood cohesion is an important and protective factor for young children. In 2000 - 01, 93.4 per cent of children in Newfoundland and Labrador and 85.9 per cent in Canada are reported to be living in cohesive neighbourhoods. The number of children with high levels of cohesion increased in the Province from 1998 - 99 to 2000 - 01.

* See Technical Notes

Source: National Longitudinal Survey of Children and Youth, Cycle 4 (2000/01), Master File, Parents Questionnaire

(ii) Neighbourhood Safety[17, 18]

Definition: The proportion of children aged birth to five years living in neighbourhoods where there is a sense of a low degree of safety

The neighbourhood safety score was used to measure various components of the community. Questions were asked to the parent regarding whether it is safe to walk in the community after dark, whether it is safe for children to play outside and the availability of safe play areas such as playgrounds and parks. These characteristics have been identified as having an influence on the overall physical and social development of children. Some neighbourhoods have become actively involved in making their community a safer place by establishing programs such as neighbourhood watch and safe walk routes for children to and from school. The majority of children in Newfoundland and Labrador (79.6%) and Canada (75.6%) appear to be residing in communities that the parent indicates is safe.

Source: National Longitudinal Survey of Children and Youth, Cycle 4 (2000/01), Master File, Parents Questionnaire

[17] Excludes children living in the Territories, on reserve, or in institutions

[18] Low rating means that children experience a low sense of safety in their neighbourhood as reported by the parent; high means that the children have a higher sense of safety in theirAneighbourhood as reported by the parent or PMK

TECHNICAL NOTES

A) The following are the primary data sources used in the compilation of data for this report:

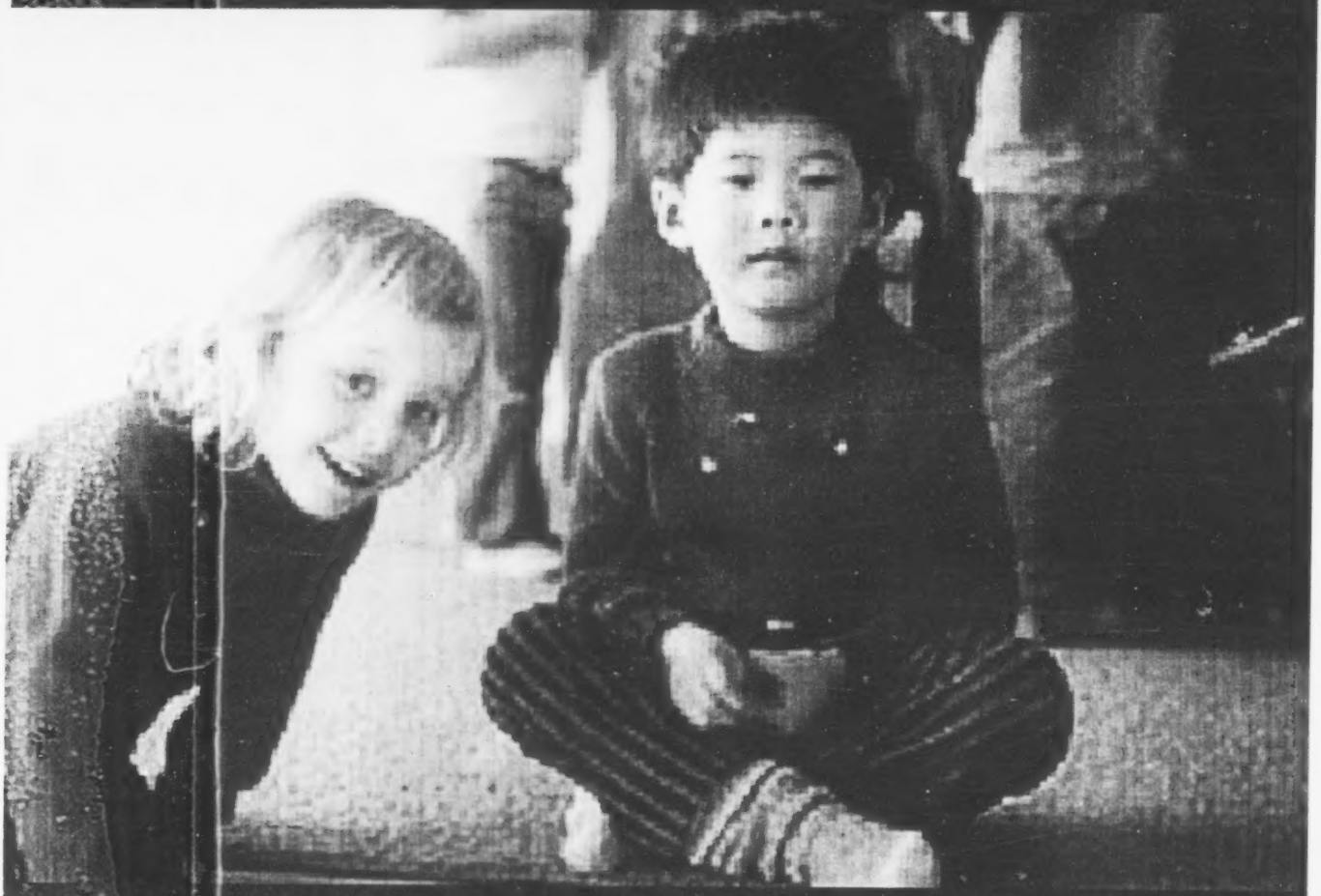
- Canadian Vital Statistics - Birth Database, Mortality, Summary List of Causes (1998, 1999, 2000)
- Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control, PPHB, Health Canada
- CIHI Hospital Morbidity Database
- National Longitudinal Survey of Children and Youth, Cycle 3 (1998 - 99) & Cycle 4 (2000 - 01), Master File, Parents Questionnaire (data based on provinces only), Statistics Canada
- Survey of Labour and Income and Dynamics: Reference years 1998 - 2001; data based on provinces only

B) National Longitudinal Survey of Children and Youth data:

- Data presented from this survey are weighted estimates based on a sample of the population. The Person Most Knowledgeable (PMK) of more than 20,000 children aged birth to five years were surveyed in Canada; approximately 1,000 of these children were living in Newfoundland and Labrador.
- According to Statistics Canada, there are three different quality levels of the estimate:
  i. "Acceptable" ` sample size of 30 or more cases and a low coefficient of variation (between 0 and 16.5%)
  ii. "Marginal" ` sample size of 30 or more and a high coefficient of variation (between 16.6% and 33.3%)
  iii. "Unacceptable" ` sample size of less than 30 or a very high coefficient of variation (more than 33.3%)
- Marginal estimates have been flagged in this report with an asterisk (*). These should be interpreted with caution when generalizing to the population. While the estimate meets with Statistics Canada's quality standards, there is a high level of variability associated with it. Unacceptable estimates have not been included in this report.
- Caution is suggested when comparing survey estimates with other data sources that are measuring the same outcomes.

C Throughout the report, instances where it has been stated that the rate for Newfoundland and Labrador is higher or lower than the rate for Canada indicates that there is a significant difference between the two.

D) Throughout the report data may be presented for either the calendar (e.g., 2000, 2001) or fiscal year (e.g., 2000 - 01).



APPENDICES

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Objectives

Focussing on children and their families, from the prenatal period to age six, the objectives of this Early Childhood Development initiative are: to promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and to help children reach their potential and to help families support their children within strong communities.

APPENDIX I
FIRST MINISTERS' COMMUNIQUÉ ON EARLY CHILDHOOD DEVELOPMENT

Ottawa - September 11, 2000.

Introduction

First Ministers, with the exception of the Premier of Quebec, agree on the importance of supporting families and communities in their efforts to ensure the best possible future for their children. Every child should be valued and have the opportunities to develop his or her unique physical, emotional, intellectual, spiritual, and creative potential.

First Ministers affirm their commitment to the well-being of children by setting out their vision of early childhood development as an investment in the future of Canada. Canada's future social vitality and economic prosperity depend on the opportunities that are provided to children today.

First Ministers recognize that parents and families play the primary role in supporting and nurturing children.

Communities, businesses, non-profit organizations, professional networks, associations, volunteers and governments also make key contributions to the well-being of children. Governments have shown leadership by taking steps to address key children's issues in their jurisdictions, individually and in partnership.

The early years of life are critical in the development and future well-being of the child, establishing the foundation for competence and coping skills that will affect learning, behaviour and health. Children thrive within families and communities that can meet their physical and developmental needs and can provide security, nurturing, respect and love. New evidence has shown that development from the prenatal period to age six is rapid and dramatic and shapes long-term outcomes.

Intervening early to promote child development during this critical period can have long-term benefits that can extend throughout children's lives. Governments and other partners currently provide a range of programs and services to effectively support early childhood development. The challenge is to build on existing services and supports, to make them more coordinated and widely available.

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First Ministers therefore agree to work together so that young children can fulfill their potential to be healthy, safe and secure, ready to learn, and socially engaged and responsible.

In support of this common goal, governments will improve and expand early childhood development programs and services over time. Governments will work with families and communities to help meet the needs of young children and their families. Governments will report regularly on their progress and will continue to build knowledge and disseminate information to parents, communities and service providers to help them to give children the best possible start in life.

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Four Key Areas for Action

To meet the objectives set out above, First Ministers agree on four key areas for action. Governments' efforts within this framework will focus on any or all of these areas. This will build on the priority that governments have placed on early childhood development and the investments that governments have already made.

1. ***Promote Healthy Pregnancy, Birth and Infancy***

Prenatal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children, and contribute to continuing good health. This priority addresses needs related to the prenatal, birth and infancy periods and includes supports for pregnant women, new parents, infants and care providers. Possible examples are prenatal programs and information, and infant screening programs.

2. ***Improve Parenting and Family Supports***

Parents and families have the primary responsibility for the care of their children. This priority addresses the needs related to positive parenting and includes

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1. Promote Healthy Pregnancy, Birth and Infancy
2. Improve Parenting and Family Supports
3. Strengthen Early Childhood Development, Learning and Care
4. Strengthen Community Supports

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Public Reporting

First Ministers believe in the importance of being accountable to Canadians for the early childhood development programs and services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on, early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible.

supports for parents and caregivers. Possible examples are family resource centres, parent information, and home visiting.

3. *Strengthen Early Childhood Development, Learning and Care*

Quality early childhood development, learning and care have been shown to promote physical, language and motor skills; and social, emotional and cognitive development. This priority includes supports that promote healthy development, provide opportunities for interaction and play, help prepare children for school and respond to the diverse and changing needs of families. Possible examples include preschools, child care and targeted developmental programs for young children.

4. *Strengthen Community Supports*

Communities make key contributions to the well-being of children through formal and informal networks. This priority includes supports to strengthen community capacity to meet the needs of children and families from a healthy community perspective. Possible examples include supports for community-based planning and service integration.

Governments recognize that effective approaches to supporting early childhood development are:

- focussed on prevention and early intervention;
- intersectoral;
- integrated; and
- supportive of the child within the family and community context.

Early childhood development programs and services should be inclusive of:

- children with different abilities; and
- children living in different economic, cultural, linguistic and regional circumstances.

Working Together to Meet Children s Needs

Governments will work together in full respect of each other's responsibilities, recognizing that provinces and territories have the primary responsibility for early childhood development programs and services. Each government will determine its priorities within this framework.

Governments will work with the Aboriginal peoples of Canada to find practical solutions to address the developmental needs of Aboriginal children.

First Ministers therefore agree to work together so that young children can fulfill their potential to be healthy, safe and secure, ready to learn, and socially engaged and responsible.

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Governments will ensure effective mechanisms for Canadians to participate in developing early childhood development priorities and reviewing outcomes.

Funding

First Ministers agree that ensuring effective early childhood development is a long-term commitment to our children's future.

First Ministers agree that investments for early childhood development should be incremental, predictable and sustained over the long term. First Ministers are committed to helping all sectors of society support children in their early years and to making incremental investments in this area.

First Ministers recognize that this initiative builds on the significant provincial/territorial investments already made in early childhood development and agree on the need to ensure flexibility to address local needs and priorities. This initiative also complements existing important federal investments for children and families.

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Therefore, First Ministers commit their governments to:

- report annually to Canadians on their investments and their progress in enhancing programs and services in the four areas described above, beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time;
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Knowledge, Information and Effective Practices

Research, knowledge and information are the foundations of evidence-based decision-making and are critical to informed policy development. Dissemination of information and sharing of effective practices can create a more knowledgeable public on issues of child development and can promote the enhancement of early childhood development programs and services.

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Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development of early childhood development programs and services; and

- make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators to be developed by September 2002 related to the objectives established for early childhood development. This could include currently available indicators (such as children born at healthy birth weight and infant mortality); and newly developed indicators (such as a measure of the proportion of children who are ready to learn when they start school).

First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early childhood development.

The purpose of performance measurement is for all governments to be accountable to their publics, not to each other. The amount of federal funding provided to any jurisdiction will not depend on achieving a given level of performance.

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Governments agree to work

together, where appropriate, on research and knowledge related to early childhood development, share information on effective practices that improve child outcomes and work together to disseminate the results of research.

Next Steps

First Ministers direct Ministers responsible for Social Services and Health to begin implementation as soon as possible of the commitments and priorities outlined above.

APPENDIX II
SHARED FRAMEWORK FOR REPORTING ON PROGRESS IN IMPROVING AND EXPANDING EARLY CHILDHOOD DEVELOPMENT PROGRAMS AND SERVICES

(May 2002 - Federal/Provincial/Territorial Ministers Responsible for Social Services and Health)

1. Introduction/Background

Public reporting is a key element of the Federal-Provincial-Territorial Early Childhood Development Initiative. The September 2000 First Ministers' Meeting Communiqu® on Early Childhood Development states that:

ª¼First Ministers believe in the importance of being accountable to Canadians for the early childhood development services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible. Therefore, First Ministers commit their governments to:

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Purpose

The purpose of the shared framework is to provide a set of principles and guidelines, ªincluding jointly agreed comparable indicators, to permit each government report on progress in improving and expanding early childhood development programs and services® within the four areas for action identified by First Ministers.

APPENDICES

Underlying Principles/ Considerations

Reporting by governments will be informed by the following statements included in the Early Childhood Development Communiqué:

- "The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities."
- Governments "will strive to improve the quality of reporting over time."
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  Governments will report on the results of this work by September 2002 and annually thereafter, beginning with the development of indicators in areas identified as priorities by jurisdictions, and expanding with the overall development programs and services¼"

2. Purpose

As noted in the communiqué, "the purpose of performance measurement is for all governments to be accountable to their publics, not to each other." The purpose of the shared framework is to provide a set of principles and guidelines, "including jointly agreed comparable indicators, to permit each government report on progress in improving and expanding early childhood development programs and services" within the four areas for action identified by First Ministers.

In addition to their commitment to report on programs and services, governments also committed to report regularly on an agreed upon set of indicators of child well-being. However, this commitment is being addressed by governments as part of a separate process and therefore lies outside of the scope of this shared framework.

3. Underlying Principles/ Considerations

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2. **Purpose**

As noted in the communiqué, "the purpose of performance measurement is for all governments to be accountable to their publics, not to each other." The purpose of the shared framework is to provide a set of principles and guidelines, "including jointly agreed comparable indicators, to permit each government report on progress in improving and expanding early childhood development programs and services" within the four areas for action identified by First Ministers.

In addition to their commitment to report on programs and services, governments also committed to report regularly on an agreed upon set of indicators of child well-being. However, this commitment is being addressed by governments as part of a separate process and therefore lies outside of the scope of this shared framework.

3. **Underlying Principles/ Considerations**

Reporting by governments will be informed by the following statements included in the Early Childhood Development Communiqué:

- "The framework will be developed in a manner that recognizes the different starting points and pressures in each jurisdiction and is informed by their diverse priorities."

- Governments "will strive to improve the quality of reporting over time."

- "First Ministers agree that governments will consult third parties to assist, as appropriate, in developing indicators and assessing progress on early child hood development."

In addition to specific direction from the Communique, provincial and territorial governments agree that:

- there is significant diversity in the provision of early childhood development programs and services across the country and that there are varying data systems and capacities to report; and

- reports on progress in improving and expanding early childhood development programs and services will acknowledge the federal funding contribution to the province or territory in support of early childhood development.

4. **Guidelines**

A. Scope of Reporting Using the Shared Framework

Each government will report annually, using the shared framework, on the activities that they have selected as priorities for investment. Reports will indicate changes that have been implemented related to prior year investments. Reports will also indicate in which of the four areas for action governments have made investments under the Federal-Provincial-Territorial Early Childhood Development Initiative. The four areas are:

- promote healthy pregnancy, infancy, and birth;
- improve parenting and family supports;
- strengthen early childhood development, learning, and care; and
- strengthen community supports.

B. Types of Information to be Reported

i. Descriptive Information

Reports will contain the following descriptive information on programs and services that have been improved and/or expanded:

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Guidelines

A. Scope of Reporting Using the Shared Framework

B. Types of Information to be Reported
- Expenditures
- Availability
- Accessibility
- Quality

C. Mechanisms and Timing

- program objectives;
- target population;
- program description;
- department(s) responsible; and
- delivery agent(s).

Descriptive information may also be provided on the following areas related to program development, improvement, and/or integration, as appropriate:
- intersectoral linkages
- consultation and community involvement;
- community capacity-building;
- voluntary or private sector
- participation;
- program evaluation findings;
- program models;
- pilot project results;
- changes in regulatory environment; and
- capital and/or infrastructure investments.

ii Program Indicators

As appropriate, governments may report on programs and services using additional indicators to those described below.

Expenditures

Governments will report on changes in expenditures on ECD programs and services relative to the prior fiscal year.

For programs and initiatives providing direct services to clients:

Availability

Governments will report on the availability of early childhood development programs and services funded under the Federal-Provincial-Territorial Early Childhood Development Initiative using one or more of the following indicators:
- number of clients served (i.e. number of children served, number of families served, and/or number of program "spaces" or equivalent); and
- number of program sites.

Accessibility

Where the objective of an investment by governments is to improve accessibility, governments will report on one or more of the following indicators of accessibility:
- increase in the percentage of the target population served; and
- change in the socio-demographic profile of the client population.

APPENDICES

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Affordability

Where the objective of an investment by governments is to improve affordability, governments will report on changes in the fee and/or subsidy structures of the relevant programs.

Quality

Where the objective of an investment by governments is to improve quality, governments will report on one or more indicators of quality, such as:

- improvement in the education/training of service providers;
- increase in wage rates;
- increases in provider-to-client ratios; and
- increases in client satisfaction.

For other programs and initiatives related to the four areas for action (for example, research, public education, information, and related activities), governments will report on descriptive information and expenditures as indicated above.

C. Mechanisms and Timing

The public reporting requirements set out in this shared framework can be met through a number of vehicles including: stand alone reports, new or existing public reports on children, and departmental reports and/or business plans.

Governments agree to inform other governments of the vehicle they will use to meet reporting requirements and to provide advance notice, wherever possible, to other governments regarding the approximate date of release for their respective early childhood development reports.

Governments will report annually on their investments in early childhood development and on their progress in enhancing programs and services in the four areas for action, beginning in September 2002.

5. Review of the Shared Framework

First Ministers have committed to "improve the quality of reporting over time." After the release of the first set of reports based on the shared framework, officials may undertake a review of the shared framework and make recommendations to Ministers responsible for Social Services and Health as required.

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APPENDIX III
EARLY LEARNING AND CHILD CARE BASELINE REPORT FOR NEWFOUNDLAND AND LABRADOR

Introduction

In September 2000, First Ministers released a communique on Early Childhood Development (ECD) that recognized the critical importance of the early years of life in the well-being and future development of the child. Recognizing that families play the primary role in supporting and nurturing children, they committed to improve and expand early childhood development programs, building on existing investments. The key areas identified by the First Ministers are:

- promote healthy pregnancy, birth and infancy
- improve parent and family supports
- strengthen early childhood development, learning and care and
- strengthen community supports.

Building on this commitment, on March 13, 2003, Federal, Provincial and Territorial Ministers Responsible for Social Services agreed on a framework for Early Learning and Child Care (ELCC). The objective of the initiative is to further promote early childhood development and support the participation of parents in employment or training by improving access to affordable, quality, early learning and child care programs and services. Under the ELCC multilateral framework, the Government of Canada is providing $1,050 million over five years to support provincial and territorial governments' investments in early learning and child care. Commencing in April 2003, Newfoundland and Labrador will receive $16 million over five years.

Federal, Provincial and Territorial Ministers Responsible for Social Services agreed to make additional investments in the specific area of early learning and child care. Ministers also agreed to provide early learning and child care baseline reports for 2002-2003 and annual reports thereafter. The following information represents the ELCC baseline report for Newfoundland and Labrador.

Early Learning & Child Care Programs and Services:

Newfoundland and Labrador introduced significant improvements in the quality of the child care system in 1999 with the

proclamation of the Child Care Services Act and Regulations. The new legislation incorporates the main indicators of quality.

The changes include:

- implementing a regional system of monitoring and licensing
- introducing regulated family child care
- introducing regulated care for children under 24 months
- reducing the adult-child ratio and group size for the youngest children
- requiring training for those working with children in regulated infant, preschool and/or schoolage child care, and at a level consistent with the responsibilities of the position held
- introducing a system of Child Care Services Certification

The details of the legislative requirements concerning child care services in Newfoundland and Labrador is provided in **Table 1: Summary of Main Legislative Changes.**

Table 1: Summary of Main Legislative Changes.

Legislative Requirements Prior to June 1999	Legislative Requirements After June 1999
Provincial licensing authority	Regional licensing authority
Only centres can be licensed	Centres, individual homes and family child care agencies can be licensed
Children under two years are not permitted in licensed child care	Centres and homes may be licensed to care for children 0 to 24 months
Adult-child ratios for centres: • 2 year olds: 1-6 ratio • 3-6 year olds: 1-8 ratio • 7-12 year olds: 1-15 ratio	Adult-child ratios for centres: • 0-2 year olds: 1-3 ratio • 2 year olds: 1-5 ratio • 3-school entry: 1-8 ratio • school entry to 7 years: 1-12 ratio • 7-12 year olds: 1-15 ratio

APPENDICES

Legislative Requirements Prior to June 1999	Legislative Requirements After June 1999
Group size for centres (# children per room): • If there are more than 25 children a second room is required	Group size for centres: • 0-2 year olds: 6 • 2 year olds: 10 • 3-school entry: 16 • school entry to 7 years: 24 • 7-12 year olds: 30 Group size for regulated child care homes: • 0-24 months: 3 or • 6 of mixed ages with a max. of 3 of the 6 children under 3 years and of those 3 a max. of 2 children under 2 years

Training:
• Centres
  • One person per centre required to have training in early childhood education
• Family Child Care:
  • N/A
	Training:
	• Centres:
	  • The operator of the centre to have at least Level II Child Care Services Certification (equivalent to a 2 year training program)
	  • One person in each room to have at least Level I Certification (equivalent to 1 year training program)
	  • All other staff working with children to have at least Entry Level Child Care Certification
	  • All the above training to be in the age groups of children with whom the staff have responsibility
	• Family Child Care:
	  • Minimum of Entry Level Child Care Certification required
	  • Child Care Services Certification legislated

Certification: • No certification	Certification: • Child Care Services Certification is legislated

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	  • Child Care Services Certification legislated

Certification: • No certification	Certification: • Child Care Services Certification is legislated

A description of program activities and related expenditures of the Child Care Services Program in fiscal year 2002-2003 is described below.

Child Care Services Subsidy Program

The Child Care Services Subsidy Program has grown considerably since 1999. It provides financial assistance to cover some or all of the costs of fees and transportation for low income families who require child care to access work/educational opportunities; for child development reasons; or for family support. The family selects the regulated child care home or centre they wish the child to attend. The subsidy is paid to the licensee on behalf of the family. In 2002-2003, there was an average of 1,170 children monthly whose families received child care subsidy. In March 2003, 1,373 children were from families in receipt of subsidy.

Expenditures in 2002-2003:
$5,739,988

Supply and Equipment Grants

Equipment grants in the province were reinstated to regulated child care centres in 1999 and introduced to family child care homes in 2001. Equipment grants are paid annually to regulated child care services to assist with the costs of play materials and supplies. The grants range from $500 to $2,640 depending on the model and size of the child care service. In 2002-2003, 141 grants were issued to licensees of child care centres and 29 to regulated family child care homes.

Expenditures in 2002-2003:
$257,680

Educational Supplement

The educational supplement is a new initiative that was introduced in fiscal year 2001-2002. The initiative provides funding to early childhood educators who hold Level I to IV Child Care Services Certification for the age group of children with whom they work and who work directly with children in licensed centres. Payments range from $1,560 for full-time Level I certified early childhood educators to $3,120 for those with Level II and above. These amount increased from the 2001-2002 rates of $1,040 for full-time Level I and $2080 for full-time Level II. The funding is pro-rated for those who do not work full-time. Cheques are issued by the Department of Health and Community Services directly to early childhood educators on a quarterly basis. In 2002-2003, 325 early childhood educators received the educational supplement.

Expenditures in 2002-2003:
$777,442

Family Child Care Agencies

The family child care model of child care services is new in this province. Funding and support for family child care agencies was introduced in 1999. A non-profit, community-based group may apply for a licence to operate a family child care agency. Licensed agencies employ home visitors to approve, monitor and support family child care homes. Homes approved by an agency have the same rights and responsibilities as those licensed individually by Health and Community Services Regional Directors of Child Care Services. In 2002-2003, there were two licensed family child care agencies financially supported by the province; one in St. John's and the other in Corner Brook. The two agencies supported 27 child care providers and approximately 130 children.

Expenditures in 2002-2003:
$221,170

Infant Care in High Schools

Initiated in 1999, consistent annual financial support is provided to school boards who wish to operate centre-based infant care in high schools. This initiative allows students who are parents to continue their education in a supportive environment and for the infants to receive quality child care. During the school day, the parents are encouraged to spend their free time in the centre to interact with their babies and to gain insight on parenting skills. Two high schools provide this service; one in Stephenville and the other in St. John's. The two centres provided care to an average of seven infants each month in 2002-2003.

Expenditures in 2002-2003:
$58,913

Child Care Services Certification and Orientation Course Delivery

The Association of Early Childhood Educators of Newfoundland and Labrador has been funded since 1999 to implement the Child Care Services Certification system and to provide child care orientation courses. These activities are implemented through the office of the Child Care Services Registrar and are designed to promote and support training for those working in regulated child care.

Certification ranges from Entry Level (a basic 40 hour course) to Level IV (degree level qualifications). There are four categories of certification: preschool, infant

care, schoolage care and family child care. As of March 2003, 763 people had received certification since the inception of the system.

Orientation courses serve two purposes. They provide basic information to those who have little or no training and they allow those with Level I or II certification to add categories to their existing certification. The courses are provided by distance education or workshops at no cost to the student. In 2002-2003, 115 people completed orientation courses through the office of the Child Care Services Registrar. Fifty-two completed the Preschool Orientation Course; 45 the School Age Orientation Course; 11 the Infant Orientation Course and 7 the Family Child Care Orientation Course.

Expenditures in 2002-2003: $70,000

Children With Special Needs:

A province wide child care needs assessment initiated in March of 2003 shows that at that time approximately 288 children with special needs were participating in regulated child care settings. Of that number, 55 children had the assistance of a one-on-one support worker. Funding for support workers is provided to eligible families through Health and Community Services/Integrated Boards based on an individual assessment of need.

Expenditures in 2002-2003: not available

Human Resources

Funding is allocated provincially and regionally on an annual basis to provide the human resources necessary to deliver the Child Care Services Program within the Health and Community Services system. Prior to 1999, the funding allocated to human resources for the Child Care Services Program is estimated at $800,000. Since that time, the number of professional positions supported in the province for the implementation of child care services has nearly doubled as a result of provincial investments in the National Child Benefit and the Early Childhood Development initiatives.

Expenditures* in 2002-2003: $1,586,421

(* A portion of this figure includes an estimate of human resources)